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October 25, 2011

PSYCHOLOGICAL EVALUATION

NAME: Justin Ejem
AGE: 19 DOB: 3-1-92
DATE OF TESTING: 10-17-11
REFERRED BY: Chris Bennett, Attorney-at-Law
Cirkiel Law Firm
TESTS ADMINISTERED: Beck Anxiety Inventory; Beck Depression Inventory-II;
Minnesota Multiphasic Personality Inventory-2; The
Incomplete Sentence Form; and a Clinical Interview

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REFERRAL PROBLEM:

The client was referred for an interview and psychological testing in order to evaluate underlying personality dynamics and intrapsychic conflicts.

ADDITIONAL MATERIALS REVIEWED:

Medical Records from Waco Center for Youth
Functional Behavioral Assessment from Dr. Peggy M. Goulding
Psychological Evaluation from Dr. William P. Howard
School Records from Caldwell County Special Education Cooperative
School Records via e-mail

BACKGROUND:

Justin Ejem is a nineteen year old male who is single and lives with his parents in Luling, Texas. He does not remember where he was born. He graduated from Luling High School in 2010, after having spent his junior and senior years there; he attended Perry Lee High School for his freshman and sophomore years. Justin played football at

both schools. He is employed by G & K Auto Repairs as an auto mechanic half days, from 9:00a.m. to noon; he did not know how long he has been working there. After work he stays home and plays video games. His father works on a ranch; he used to work in the oil fields. His mother is not employed outside the home.

When asked about his childhood Justin replied, "I do not know – I don't remember it." He has one ten year old step brother and one twenty year old step sister. His parents are divorced, and he lives with his father and step mother. Justin has not seen his real mother since he was nine years old, and he stated, "I don't know her."

Justin reported that he takes Depakote for ADHD and Seroquel for mood swings. His treating physician is Dr. Paul, and he said that for two months he has been seeing a psychologist, Dr. Rebecca Vela, twice a month. He began using chewing tobacco about a year ago, does not consume alcohol or use illegal narcotics. He said that he had a run in with the legal system when he was accused of throwing a water bottle at a little girl, an act which he denies doing, and when he was accused a making a terrorist threat for which he spent two days in jail. He added, "I am mentally disabled. I was in the Austin Mental Hospital at Breckenridge, and also in a mental hospital in San Antonio." Again, he did not know how long he was in either facility. He has noticed no change in his appetite or fluctuation in his weight, and he denied having any suicidal ideations.

PRESENTING PROBLEM:

While in the Waco Center for Youth, Justin reported that he was sexually assaulted by his roommate. He added, "I don't want to talk about it."

CURRENT COMPLAINTS:

Justin stated, "It bothers me to talk about it. I try not to think about it. I play video games to keep from thinking about it or I talk to my girlfriend." This is his fourth girlfriend, someone he said that he has been with for one and a half days; "the other three girls cheated on me. I've never had sex with a girl. I'm waiting until I get married."

This young man insisted that he does not cry or feel sad, scared or nervous. He denied any difficulty sleeping although he did admit that he "sometimes" has nightmares. He did reveal, "It was one boy, my roommate. He had anal sex with me three times. I told him to get away from me. I reported it to the staff after the first time, and they did nothing. I told them again after the second time, and they did nothing. After the third time I reported it again – then they switched me to another room. After the third time they called my dad, and my dad took me out of there. Waco Center for Youth was like a rehab hospital for kids. I was there to get help with my ADHD and

anger problems. They were helping me, but then I had to leave because of what happened. I was getting good treatment. I start thinking about it, I get nervous, and I go play video games.”

MENTAL STATUS:

Justin was neatly dressed and groomed. He was open and cooperative during the testing and interview session; but he was extremely reluctant to discuss the sexual assault. His posture, actions and behavior were within normal limits. He was oriented in time, place, person and situation. His mood was very depressed, anxious and tense, and his affective reaction was appropriate to his mood and congruent. He denied having suicidal ideations. His thought processes appeared to be concrete, and he is a poor historian. Intellectually, he seemed to be functioning in the low average to borderline range. His judgment, memory and insight seemed to be within normal limits. There were no indications of any hallucinatory or delusional thought processes.

EVALUATION:

The Minnesota Multiphasic Personality Inventory-2 was administered. The Administrative Scales reveal that the profile is valid. The protocol reveals that Justin is experiencing intense mental anguish and emotional pain. He is tense, anxious, nervous and fearful. He also feels depressed, despondent and hopeless. He has numerous somatic symptoms. He naïvely is attempting to present himself in a positive light. He has strange and unusual thought processes.

The Beck Depression Inventory-II was administered. This is a scale designed to assess the severity of depression in individuals. The test is based on the clinical observations and descriptions of symptoms frequently given by depressed patients as contrasted with those frequently given by non-depressed patients. Justin's score of Zero (0) appears to be an attempt to deny that he has any problems and again present himself in a positive fashion.

The Beck Anxiety Inventory was administered. It consists of twenty-one (21) descriptive statements of anxiety symptoms. This client's score of Eight (8) places him in the Mildly Anxious range. Justin endorsed the following psycho-physiological concomitants of anxiety: Wobbliness in legs, Indigestion or discomfort in abdomen, and Face flushed. He also reported feeling: Nervous, Fear of dying, and Scared.

The Incomplete Sentence Blank was administered. This is a projective instrument that presents patients with stems and requires them to express their real feelings as they complete each sentence. Justin's responses reveal that he is reluctant to deal with his emotional problems in a straightforward fashion. He uses a lot of denial and repression.

COLLATERAL INTERVIEWS:

A collateral interview was conducted on Justin's father, Ricky Ejem, age forty-three. He stated, "His mother left him when he was seven months old. I've raised him. He graduated from high school in Special Education."

Mr. Ejem related that his son was sodomized two or three times by two boys in the Waco Youth Center, and they threatened to beat him up if he told. They (the facility) called me and told me that it happened. They did a rape exam on the premises; I got him out of there. He's had nightmares a lot. He wakes up scared. He would talk in his sleep – he would say 'no, don't do that.' He has lots of anger problems that are more severe since Waco."

A second collateral interview was conducted on Justin's step mother, Lynnette Ejem, age forty-four. She has been married to Justin's father for fourteen years and has been raising Justin since he was five years old.

Since Waco Mrs. Ejem has seen many changes in Justin. She explained, "He has outbursts of anger worse than before. He's more secluded from his friends and plays a lot of video games. He won't talk about what happened to him. He has been seeing Dr. Rebecca Vela, at the Luling Community Clinic, once a week for three years, and before that he saw Dr. O'Donald in the Gonzales Community Health Center once a week for one year. He has nightmares, more frequently right after Waco, but he still has them." Mrs. Ejem said that Justin has difficulty sleeping, awakening often during the night and then finding it problematic to reinitiate sleep. This happens two or three times a week. He takes his medication before bed, and they put him to sleep. He's real moody now, irritable and agitated."

CONCLUSIONS:

After interpreting Justin's psychological tests, the clinical interview and the additional records it is apparent that he is suffering from a Posttraumatic Stress Disorder. He has been subjected to traumatic events that go beyond the realm of normal human experiences. He ruminates and obsesses about these traumatic events. He is bothered by distressing and intrusive thoughts of this incident, and he goes to great lengths in order to avoid thinking about this traumatic event. His self image and self-concept have been negatively impacted by this perpetrator who involved him in homosexual acts. He has difficulty keeping the thoughts out of his mind and he uses video games as an escape. "It bothers me to talk about it; I try not to think about it." He is attempting to present himself in a positive light, and therefore he uses a great deal of denial and repression.

Psychosexual development and identity is frequently a difficult and even problematic issue during the formative teen years. It is evident that Justin had pre-existing emotional problems, and he certainly did not need the extra burden of being sexually violated and threatened on top of this. He has a history of emotional problems and a lack of aggressive impulse control. In addition, school records reveal that his intellectual functioning is in the low normal to borderline range. His thinking is concrete and simple. His ability to deal with the sexual assault and threat of bodily harm was indeed overwhelming for this fragile teenage boy. He states, "I get nervous when I think about it." He denies that he ever cries and contrary to what his parents say, he denies sleep problems. He does acknowledge suffering from nightmares.

Justin was 16 years old when he was sexually attacked and molested by his roommate. His life was threatened if he told anyone. Teenage years are difficult under normal circumstances, and Justin was traumatized when he was sodomized and threatened by his male roommate. For this young, fragile, intellectually and emotionally challenged teenager this was not only confusing and overwhelming but also this homosexual assault threatened his psychosexual identity. With his limited intellectual capacity he is having a great deal of difficulty coping with this traumatic event.

It is apparent that Justin is anxious, tense, and nervous. His self-concept is below average and his fragility and vulnerability are very apparent. Justin is more agitated and is more prone toward outbursts of anger than ever before. He presents himself with a bravado that is thinly veiled. "I never cry." Teen years are extremely difficult under normal circumstances; teenage boys require basic security and positive experiences during these developmental years. The fact that he has been subjected to a sexual assault apparently has threatened his feelings of basic security. This could lead to a myriad of potential problems such as acting out behaviors, psychosexual identity problems, and antisocial behaviors which may include substance abuse.

Although Justin proclaims that he is doing well he presents as being scared, jumpy and nervous. His self-concept has been negatively impacted. He has lost confidence in himself, and he is extremely self-deprecating. He does not seem to be dealing with his emotions in a straightforward adaptive fashion, but rather says, "I don't want to talk about it." This could be problematic in the future. He keeps his emotions bottled up inside. This tragedy has the potential to be so devastating and so overwhelming that the emotional pain may very well have far-reaching ramifications for this young boy. The resulting mental anguish will tend to be enduring. The mental anguish and emotional pain that Justin suffers could continue to some degree and to some extent for the rest of his life.

RECOMMENDATIONS:

Justin needs extensive psychological counseling. He was encouraged to continue his treatment with Dr. Rebecca Vela. Ideally, he should see her once or twice a week for the next four to six years. He very well may require less frequent psychological counseling subsequent to that. He also needs to continue taking his psychotropic medications. He will need another psychological evaluation in approximately two years.

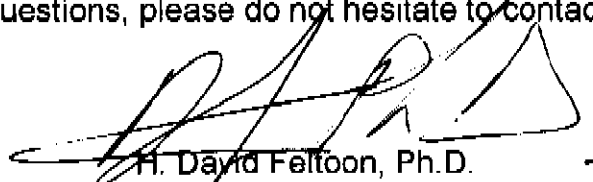
DIAGNOSTIC IMPRESSION:

Axis I: Posttraumatic Stress Disorder
Attention Deficit Disorder with Hyperactivity
Axis II: N/A
Axis III: N/A
Axis IV: Personal, Familial, Occupational, and Social
Axis V: Current GAF: 49

PROGNOSIS:

The prognosis is guarded.

Thank you very much for this referral. If you obtain additional information or records relevant to my evaluation of this patient, please provide those as soon as possible. If you have any further questions, please do not hesitate to contact my office.



H. David Felton, Ph.D.
Clinical Psychologist